Request for Continued Examination (RCE) Transmittal

Address to:
Commissioner For Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application No.	10/698,070
Confirmation No.	1623
Filing Date	October 30, 2003
First Named Inventor	Kaye et al.
Group Art Unit	1635
Examiner Name	Tracy Ann Vivlemore
Attorney Docket No.	221749
Client Reference No.	E-086-2003/0-US-01

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

1. 8	Submi	ssion require	ed unde	r 37 CFR 1.	114					
	ı. 🖂	Previously su								
	i.		Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on							
		(Any unen	entered amendment(s) referred to above will be entered.)							
	ii.	Conside	der the arguments in the Appeal Brief or Reply Brief previously filed on							
	iii.	Other:	_		• •			•		
b). 🛛	Enclosed								
	i.		nent/Rep	oly		iv.	Form PTC	D-1449		
	ii.	☐ Affidavit(s)/Decla	aration(s)		٧.	☐ Copies of	Referen	ces listed in For	m PTO-1449
							(except for	U.S. patent	s and applications)	
	iii.		on Disc	losure State	ment (IDS)	vi.	Other:			
2. N	/liscel	aneous								
а	ı. 🔲								37 CFR 1.103(c) for a period
	of months. (Period of suspension shall not exceed 3 months; fee under 37 CFR 1.17(i) required.)									
b		Applicant cla	ims sma	all entity stati	us. See 37	CFR 1.2	27			
С		Other:								
3. F							CFR 1.114 wh			
а							otal amount in			
	(A c						rpose, unless su		ia EFS-Web.)	
	i.						37 CFR 1.17(\$810.00
	ii.						(37 CFR 1.136 an			\$1,050.00
	iii.	An exten					ared and the fe			
				ed from the t	otal fee du	e for the t	total amount o	f extension	on now	
		requeste								
	iv.						eriod noted abo			
							der the prese			
			-	•			the appropriat	e petition	itee.	
	v. Suspension of action fee of \$130.00 (37 CFR 1.17(i)) \$ 0.00							\$ 0.00		
	vi.	Other:								
	vii.	Claim fe	9							
		CLAIMS		HIGHEST	_					
		REMAINING		NUMBER	EXTRA		Add'L		Add'l	
CLAIM	Fee	AFTER AMENDMENT		PREVIOUSLY PAID FOR	CLAIMS PRESENT	RATE	CLAIM FEE	RATE	CLAIM FEE	
TOTAL		29	Minus	44	= 0	x 25 =	0.00	x 50 =	0.00	
	ENDEN		Minus	3	= 0	x 105 =		x 210 =	0.00	
IIVDEI						+ 185 =		+ 370 =	0.00	
								\$1860.00		
h). 🛛	The Commis	sioner is	s hereby aut						\$ 1000.00
	b. The Commissioner is hereby authorized to charge any deficiencies in the above fees or to credit any overpayments to Deposit Account No. 12-1216. (A duplicate copy of this									
	communication is enclosed for that purpose, unless submitted via EFS-Web.)									

In re Application of Kaye et al. Application No. 10/698,070

REQUEST FOR CONTINUED EXAMINATION TRANSMITTAL (continued)

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT REQUIRED									
Name (Print/Type)	John L. Gase	Registration No. (Attorney/Agent)	47,590						
Signature	Que com	Date	May 5, 2008						
Address	Leydig, Voit & Mayer, Ltd. Two Prudential Plaza, Suite 4900 180 North Stetson Avenue Chicago, Illinois 60601-6731	Phone	(312) 616-5600 (telephone) (312) 616-5700 (facsimile)						